# IAP13 Rec'd PCT/PTO 08 FEB 2007

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application. No.:

10/580,442

Confirmation No. 2530

Applicant

: Thomas COSACK

Applicant Filed

: May 23, 2006

TC/A.U.

: Not Yet Assigned

Examiner Docket No.

: Not Yet Assigned: 011235.57561US

Customer No.

: 23911

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Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

#### SUBMISSION OF MISSING REQUIREMENTS IN APPLICATION

Sir:

Attached hereto please find:

- 1. Copy of the Notification of Missing Requirements Under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US).
- 2. Executed Declaration and Power of Attorney.

Please credit any overpayments or charge any additional fees to the Deposit Account of Crowell & Moring LLP, Account Number 05-1323 (Docket No. 011235.57561US). A duplicate copy of this letter is attached.

Respectfully submitted,

**CROWELL & MORING LLP** 

Dated:

2507

Robert L. Grabarek, Jr.

Reg. No. 40,625

Tel.: (949) 263-8400 (Pacific Coast)

Attachments

Intellectual Property Group

P.O. Box 14300

Washington, D.C. 20044-4300

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Blanca E. Munoz



## United States Patent and Trademark Office

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U.S. APPLICATION NUMBER NO.

FIRST NAMED APPLICANT

ATTY. DOCKET NO.

10/580,442

Thomas Cosack

011235.57561US

INTERNATIONAL APPLICATION NO. PCT/DE04/02437

I.A. FILING DATE

PRIORITY DATE

11/04/2004

11/25/2003

23911 CROWELL & MORING LLP INTELLECTUAL PROPERTY GROUP P.O. BOX 14300 **WASHINGTON, DC 20044-4300** 

**CONFIRMATION NO. 2530** 371 FORMALITIES LETTER

OC000000021594989\*

Date Mailed: 12/14/2006

#### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 05/23/2006
- English Translation of the IA filed on 05/23/2006
- Copy of the International Search Report filed on 05/23/2006
- Copy of IPE Report filed on 05/23/2006
- Copy of Annexes to the IPER filed on 05/23/2006
- English Translation of Annexes to the IPE filed on 05/23/2006
- Preliminary Amendments filed on 05/23/2006
- Information Disclosure Statements filed on 05/23/2006
- U.S. Basic National Fees filed on 05/23/2006
- Substitute Specification filed on 05/23/2006
- Priority Documents filed on 05/23/2006

The following items MUST be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

Oath pdcplantian of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the merical properties number and international filing date.

Docket # ALL OF THE HEWS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NO HEE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web. https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html

For more information about EFS-Web please call the USPTO Electronic Business Center at 1-866-217-9197 or visit our website at <a href="http://www.uspto.gov/ebc.">http://www.uspto.gov/ebc.</a>

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

VIRGINIA L IRBY

Telephone: (703) 308-9140 EXT 229

#### PART 1 - ATTORNEY/APPLICANT COPY

|                             | · · · · · · · · · · · · · · · · · · · |                  |
|-----------------------------|---------------------------------------|------------------|
| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO.         | ATTY. DOCKET NO. |
| 10/580,442                  | PCT/DE04/02437                        | 011235.57561US   |

FORM PCT/DO/EO/905 (371 Formalities Notice)

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/580,442 TRANSMITTAL Filing Date May 23, 2006 **FORM** First Named Inventor Thomas COSACK Art Unit Not Yet Assigned **Examiner Name** Not Yet Assigned (to be used for all correspondence after initial filing) Attorney Docket Number 011235.57561US Total Number of Pages in This Submission

| ENCLOSURES (About 1945 Acres)                                                                                                                                                                                                                                                                                 |               |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|--|--|--|--|
| ENCLOSURES (check all that apply)                                                                                                                                                                                                                                                                             |               |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| Fee Transmittal Form (                                                                                                                                                                                                                                                                                        | in duplicate) | Drawing(s)                                                                                                                                                                                                      | After A                                                                                                                                                                                                  | Allowance Communication to Group |  |  |  |  |  |
| Fee Attached                                                                                                                                                                                                                                                                                                  |               | Licensing-related Papers                                                                                                                                                                                        |                                                                                                                                                                                                          | al Communication to Board        |  |  |  |  |  |
| Amendment / Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Documents                                                                                                                         |               | Petition  Petition to Convert to a Provisional Application  Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD | of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  1. Return Postcard |                                  |  |  |  |  |  |
| Response to Missing R                                                                                                                                                                                                                                                                                         | Requirements  |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| Response to Missing Parts under 37 CFR 1.52 or 1.53                                                                                                                                                                                                                                                           |               | Remarks                                                                                                                                                                                                         |                                                                                                                                                                                                          | ·                                |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                               | SIGN          | IATURE OF APPLICANT, ATTORNEY,                                                                                                                                                                                  | OR AGENT                                                                                                                                                                                                 |                                  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                     | DBERT L. GRA  | Geoball J                                                                                                                                                                                                       |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| Date                                                                                                                                                                                                                                                                                                          | 2/5/0         | 7                                                                                                                                                                                                               | Reg. No.                                                                                                                                                                                                 | 40,625                           |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                               | 61210         |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| CERTIFICATE OF TRANSMISSION/MAILING                                                                                                                                                                                                                                                                           |               |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |               |                                                                                                                                                                                                                 |                                                                                                                                                                                                          |                                  |  |  |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                     | Blanca        | E. Minoz                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                    |                                  |  |  |  |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Blanca E. Mu  |                                                                                                                                                                                                                 | [                                                                                                                                                                                                        | Date 2/5/07                      |  |  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Complete if Know                                                                                                                                                                                |                               |                      | e if Known                              |                      |                  |                        |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|-----------------------------------------|----------------------|------------------|------------------------|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                                                                                                         |                               |                      | Application Number                      | 10/580,4             | 10/580,442       |                        |  |  |
| FEE TRANSMITTAL   For FY 2006                                                                                                                                                                   |                               | ᆫᅵ                   | Filing Date                             | May 23,              | May 23, 2006     |                        |  |  |
|                                                                                                                                                                                                 |                               | First Named Inventor | Thomas                                  | Thomas COSACK        |                  |                        |  |  |
| Applicant claims small entity s                                                                                                                                                                 | tatus Soc 27 CED 1 27         |                      | Examiner Name                           | Not Yet              | Not Yet Assigned |                        |  |  |
|                                                                                                                                                                                                 | T                             |                      | Art Unit                                | nit Not Yet Assigned |                  |                        |  |  |
| TOTAL AMOUNT OF PAYMENT                                                                                                                                                                         | (\$) 00.00                    |                      | Attorney Docket No.                     | 011235.              | 011235.57561US   |                        |  |  |
| METHOD OF PAYMENT (chec                                                                                                                                                                         | k all that apply)             |                      |                                         |                      |                  |                        |  |  |
| Check Credit Card Money Order None Other (please identify):                                                                                                                                     |                               |                      |                                         |                      |                  |                        |  |  |
| Deposit Account Deposit Ac                                                                                                                                                                      | count Number: <u>05-1323</u>  |                      | Deposit Accoun                          | Name: Crov           | vell & Morin     | g LLP                  |  |  |
| For the above-identified dep                                                                                                                                                                    |                               |                      |                                         |                      |                  | -                      |  |  |
| Charge fee(s) indicat                                                                                                                                                                           | ed below                      |                      | Charge fee                              | (s) indicated        | below, except    | for the filing fee     |  |  |
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| FEE CALCULATION (All the f                                                                                                                                                                      |                               | on fi                | ling or may be sub                      | ect to a su          | rcharge.)        |                        |  |  |
| 1. BASIC FILING, SEARCH, A                                                                                                                                                                      |                               |                      |                                         |                      |                  |                        |  |  |
|                                                                                                                                                                                                 | NG FEES                       |                      |                                         | AMINATIO             |                  |                        |  |  |
| Application Type Fee                                                                                                                                                                            | Small Entity<br>(\$) Fee (\$) | Fee (\$              | Small Entity<br>)                       |                      | Entity<br>e (\$) | Fees Paid (\$)         |  |  |
| Utility 300                                                                                                                                                                                     | 150                           | 500                  | 250                                     | 200 10               | 00               |                        |  |  |
| Design 200                                                                                                                                                                                      | 100                           | 100                  | <b>50</b>                               | 30                   | 55               |                        |  |  |
| Plant 200                                                                                                                                                                                       | 100                           | 300                  | 150                                     | .60 8                | 30 .             |                        |  |  |
| Reissue 300                                                                                                                                                                                     | 150                           | 500                  | 250                                     | 500 30               | . 00             |                        |  |  |
| Provisional 200                                                                                                                                                                                 | 100                           | 0                    | 0                                       | 0                    | 0 .              |                        |  |  |
| 2. EXCESS CLAIM FEES                                                                                                                                                                            |                               |                      |                                         |                      | _ /^\            | all Entity<br>Fee (\$) |  |  |
| Fee Description Each claim over 20 (including                                                                                                                                                   | ng Reissues)                  |                      |                                         |                      | 50               | 25                     |  |  |
| Each independent claim over                                                                                                                                                                     |                               | s)                   |                                         |                      | 200              | 100                    |  |  |
| Multiple dependent claims                                                                                                                                                                       |                               |                      |                                         |                      | 360              | 180                    |  |  |
|                                                                                                                                                                                                 | Claims Fee (\$)               | <u>Fee</u>           | Paid (\$)                               | _                    | lultiple Deper   |                        |  |  |
| - 20 or HP =<br>HP = highest number of total claims p                                                                                                                                           | x <u>50.00</u> =              | =                    | •••                                     |                      | <u>Fee (\$)</u>  | Fee Paid (\$)          |  |  |
|                                                                                                                                                                                                 | Claims Fee (\$)               | Fee                  | Paid (\$)                               |                      |                  |                        |  |  |
| - 3 or HP =                                                                                                                                                                                     | x 200.00 =                    | :                    |                                         |                      |                  |                        |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE                                                                                                 |                               |                      |                                         |                      |                  |                        |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                                                                               |                               |                      |                                         |                      |                  |                        |  |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                               |                      |                                         |                      |                  |                        |  |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)                                                                                               |                               |                      |                                         |                      |                  |                        |  |  |
| 100 = / 50 = (round <b>up</b> to a whole number) x =                                                                                                                                            |                               |                      |                                         |                      |                  |                        |  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)                                                                                                |                               |                      |                                         |                      |                  |                        |  |  |
| Other (e.g., late filing surcharge):                                                                                                                                                            |                               |                      |                                         |                      |                  |                        |  |  |
|                                                                                                                                                                                                 |                               |                      |                                         |                      |                  |                        |  |  |
| SUBMITTED BY A Pagistration No.                                                                                                                                                                 |                               |                      |                                         |                      |                  |                        |  |  |
| Signature ( Turk )                                                                                                                                                                              | covar                         |                      | Registration No. (Attorney/Agent) 40,62 | 5                    | Telephone 9.     |                        |  |  |
| Name (Print/Type) Robert L. Grabare                                                                                                                                                             | ek, Jr. //                    |                      |                                         |                      | Date 2           | 5/07                   |  |  |

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